#### MCRC FROST CALL 032-03 DATED 30 SEPTEMBER 2003

- From: Commanding General, Marine Corps Recruiting Command
- Subj: SUBMISSION OF BACKGROUND INVESTIGATIONS TO THE OFFICE OF PERSONNEL MANAGEMENT (OPM) FOR MARINE CORPS RECRUITING COMMAND ENLISTED AND OFFICER ACCESSIONS COMMENCING 1 OCTOBER 2003
- Ref: (a) MCO P1100.72B (Short Title: MPPM EnlProc)
  - (b) MCO P1100.73B (Short Title: MPPM OffProc)
  - (b) DASD Management Initiative Decision (MID) dated 23 Jan 03
- Encl: (1) OPM Agency Use Form
  - (2) Agency Use Form Instructions
  - (3) SON Numbers for Agency Use Form BLOCK "J" by MEPS/OSS
  - (4) Agency Use Form Template (Enlisted USC/Non-USC/PRP/Officer)
- 1. <u>Purpose</u>. To provide all levels within the MCRC, the revised policy and guidance relative to submissions of background investigations from Defense Security Services (DSS) to the Office of Personnel Management (OPM) for all enlisted and officer accessions.
- 2. <u>Background</u>. References (a) and (b) contain policy regarding the submission of investigations for enlisted and officer applicants respectively. Reference (c), as part of the president's fiscal 2004 budget, has the Defense Department transferring the business of conducting background checks to the Office of Personnel Management. This change, would give OPM responsibility for overseeing background investigations for government's civilian and military personnel. Under an agreement signed by Deputy Defense Secretary Paul Wolfowitz and OPM Director Kay Coles James, the Defense Security Service would shift about 1,800 employees to OPM to help conduct background investigations on government personnel.

### 3. Information.

- a. The Department of the Navy (DoN) has directed the Marine Corps (HQMC Code ARS), that in FY04 all new accessions, both enlisted and officer, will have a National Agency Check/Local Check/Credit Check (NACLC) submitted prior to accession. All processing of current work currently to DSS will terminate not later than 30 September 2003, and all investigative work then will be submitted to OPM. Additionally, those who are U.S. Citizens be processed for NACLC/SECRET Clearances, and non U.S. Citizens (Aliens) for NACLC Only. Currently OPM is not in position to accept the Electronic Questionnaires for Investigations Processing (SF-86/E-QIP) until the spring of FY04, so all SF-86 (paper copies) investigation work will be MAILED to OPM. Those options, which require a Top Secret/SSBI, will have a 3 X 5 hardisk of the EPSQ User Form enclosed in the SRB when shipped to the MCRD.
- b. RSS and OSS personnel will use one of the following means to produce a SF-86 for processing or commissioning:
- (1) Electronic Personnel Security Questionnaire (EPSQ)  ${\tt USER}$  FORM, ( ${\tt DC}$ ,  ${\tt DD}$ ,  ${\tt UW}$  & E6 will use EPSQ only) or

- Subj: SUBMISSION OF BACKGROUND INVESTIGATIONS TO THE OFFICE OF PERSONNEL MANAGEMENT (OPM) FOR MARINE CORPS RECRUITING COMMAND ENLISTED AND OFFICER ACCESSIONS COMMENCING 1 OCTOBER 2003
- (2) Automated Enlistment Package (AEP) SF-86 Questionnaire for National Security Positions, or
- (3) DOD Forms Website, SF-86 Questionnaire for National Security Positions, which is listed as a single sheet fillable ADOBE (i.e. SF-86 page 1, 2, 3, etc) containing 11 pages, plus one page of instructions by accomplishing following steps:
  - (a) http://web1.whs.osd.mil/icdhome/FORMTAB.HTM
  - (b) Standard and Optional Forms
  - (b) Click here for GSA Standard and Optional Forms
  - (c) Standard Forms
  - (d) SF-86 Questionnaire for National Security Positions.
- c. All SF-86 Questionnaire for National Security Positions submitted (MAILED) to OPM must contain the Release Forms, and the OPM Agency Use Form (AUF), contained in enclosure (1). AUF documentation instructions are contained in enclosure (2), SON listings (Block "J") in enclosure (3), and examples by type templates in enclosure (4). Also, all OSS work must contain FD-258 Fingerprint Cards attached, since these applicants fingerprint file are not transmitted to OPM by the MEPCOM Livescan.
  - d. Mail address: U.S. Office of Personnel Management
    Federal Investigations Processing Center
    P.O. Box 618
    Boyers, PA 16018-0618
- 4. Action. The following will be accomplished effective 1 Oct 03:
  - a. Discontinue submissions of EPSQ's NACLC investigations to DSS.
  - b. Enlisted Investigations (RS Level). Sequentially accomplish:
- (1) Recruiters: Complete, validate, print, and provide to the MEPS LNCO, a SF-86 in accordance with paragraph 3.b. and 3.c., with the accompanying SF-86 Release Forms and OPM Agency Use Form. Also, all applicants with EOP/EBP Options of DC, DD, UW, & E6 will have a 3 X 5 Hardisk with the EPSQ User Form in the enlistment package.

### (2) MEPS LNCO:

- (a) Review the SF-86 for accuracy, completeness, and ensure Release Forms are signed, and Agency Use Form is annotated per instructions in enclosure (2). Particular attentions to ensure NACLC's are requested for all hands, and SECRET Clearances for all applicants who are U. S. Citizens.
- (b) MAIL investigations, once per week to OPM at the address in paragraph 3.d. via U.S. Mail, for all contracted applicants during the week. For those enlisted into EOP/EBP for DC, DD, UW or E6 enclose the 3 X 5 hardisk into the enlistment package to be forwarded to the MCRD at time of ship.

- Subj: SUBMISSION OF BACKGROUND INVESTIGATIONS TO THE OFFICE OF PERSONNEL MANAGEMENT (OPM) FOR MARINE CORPS RECRUITING COMMAND ENLISTED AND OFFICER ACCESSIONS COMMENCING 1 OCTOBER 2003
- (3) RS Personnel: Verify receipt of the NACLC investigations to OPM, using the Joint Personnel Adjudication System (JPAS). MCRC G-3 will forward instructions and implementation procedures for JPAS use via separate correspondence. When accomplished, forward the JPAS receipt to the MEPS LNCO for attachment to the SF-86. Until JPAS access is fully implemented there is no receipt system available or required for submissions to OPM at this time. DSS receipts for EPSQ's previously submitted to DSS are still required.

#### (4) MEPS LNCO:

- (a) Forward to the Recruit Depots, or first duty station for PSEP Marines, a complete **copy** of the <u>SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form, and <u>JPAS receipt</u> for NACLC investigation, on the left side of the recruit/Marines SRB.</u>
- (b) Forward in addition to 4.(a) above, a **3 X 5 Hardisk** of the recruits **EPSQ with Name/Password** in the SRB for all shippers whose program (**DC**, **DD**, **E6 & UW**) require a SSBI (Top Secret Clearance). This will be used by Naval Security Group (NSG) Liaisons at the Recruit Depots for submission of upgraded security clearance investigations.
  - c. Officer Investigations (RS level). Sequentially accomplish:
- (1) OSS Staff: Complete, validate, print, and provide to the OSO, a SF-86 in accordance with paragraph 3.b. and 3.c., with the accompanying SF-86 Release Forms and OPM Agency Use Form.
- (2) OSO: Review the SF-86 for accuracy, completeness, ensure Release Forms are signed, Agency Use Form annotated per instructions in enclosure (2), and attach the completed **FD-258 Fingerprint Card**.
- (3) OSS Staff: MAIL all investigations to OPM via U.S. Mail, in accordance with instructions in paragraph 3.d., following the below timetable for submissions:
- (a) <u>PLC (Ground/Air/Flight Officer)</u>: When candidates successfully complete the Officer Candidate School Combined Course or the Senior increment.
- (b) <u>PLC Law and OCC</u>: When qualified individuals apply for the Officer Candidate Class Program (OCC) or the Platoon Leaders Class (PLC) Lawyer Program.
- (4) RS Personnel: Verify receipt of the NACLC investigations to OPM, using the Joint Personnel Adjudication System (JPAS) system. MCRC G-3 will forward instructions and implementation procedures for JPAS use via separate correspondence. Attach the JPAS receipt to the SF-86 for the insertion into the OQR. Until JPAS access is fully implemented there is no receipt system available or required for submissions to OPM at this time. DSS receipts for EPSQ's previously submitted to DSS are still required.

Subj: SUBMISSION OF BACKGROUND INVESTIGATIONS TO THE OFFICE OF PERSONNEL MANAGEMENT (OPM) FOR MARINE CORPS RECRUITING COMMAND ENLISTED AND OFFICER ACCESSIONS COMMENCING 1 OCTOBER 2003

### (5) OSS Staff:

- (a) <u>PLC Ground/Air/Flight Officer</u>: Forward a complete <u>copy</u> of the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form, FD-258 Fingerprint Card and JPAS receipt for NACLC investigation to OCS Candidate Admin, on the left side of the Officer Candidate Record (OQR).
- (b) PLC Law and OCC: File a complete copy of the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form, FD-258 Fingerprint Card and JPAS receipt for NACLC investigation on the left side of the candidate Officer Qualification Record (OQR) prior to sending the candidate to OCS for training.
- c. Region (RLS)/School of Infantry (SOI Rep). Once MCRC G-3 has forwarded the JPAS implementation instructions, verify that all recruits/Marines have a JPAS receipt ensuring SF-86/NACLC's were submitted. Until JPAS access is fully implemented there is no receipt system available or required for submissions to OPM at this time. DSS receipts for EPSQ's previously submitted to DSS are still required. After JPAS implemented those recruits/Marines without receipts attached to the SF-86 upon arrival at MCRD's/SOI's, take the following sequential steps:
  - (1) Immediately verify receipt of NACLC in the JPAS system.
  - (2) If verified, print receipt and attach to the SF-86.
  - (3) Those without JPAS receipts:
- (a) Copy the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form.
- (b) Fingerprint the recruit/Marine and attach the FD-258 Fingerprint Card to the package.
- (4) MAIL the SF-86 Questionnaire for National Security Positions, Signed Release Forms, Agency Use Form, and the FD-258 Fingerprint Card to OPM in accordance with paragraph 3.d.
- (5) Verify receipt in JPAS 15 days after the mailing to OPM, and attach the receipt to the SF-86 in the SRB.
- 5. All previous Frost Calls germane to subject matter are cancelled.
- 6. Points of contact are LtCol K. G. Thompson, MCRC G-3 Enlisted Operations, at commercial (703) 784-9403 and LtCol R. F. Wendel, MCRC G-3 Officer Programs, at commercial (703) 784-9424.

D. L. MCMANUS
By direction

This form is to be attached to each Electronic Personnel Security Questionnaire submitted to OPM for investigation. Note: The EPSQ is for internal DOD use only, and is pending OMB approval.

D

Other Address

Other Address

Access

 ${f E}$  Nature of

Action Code

Month Day Year

Zip Code

Zip Code

ENCLOSURE(1)

FDate of

**Agency Use Information** 

 $I_{\text{Position}}$ 

C Sensitivity Level

NPRC

None

At SON

H<sub>Position</sub>

 $\mathbf{B}_{ ext{Extra}}$ 

Coverage

K Location of Official

Personnel Folder

A Type of Investigation

J

SON

G Geographic Location

L	M Lagrica	None	Other Address			1	Zip Code
SOI	Location	11					
301	Security Fo	older NPI			1.11.00		
$N_{\text{OPAC-}}$			ting Data and/or				
ALC Number		Agency	Case Number		77.1	-l	Date
P <sub>Requesting</sub> Official	Name and Title		Signature	A M.	(	phone Number	Date
formation v	g information is requiled be used to obtain the certifying the accurate.	n records in order the inform	to determine you ation you provid	ır suitability fo	r employn	ng sent to Onent. Please	PM. Thi sign the
	Su	bject of Investi	gation (Ideni	Hying Infor	mation)		
ULL NAME	. 1,1 . 1		u are a "JR., "SR", "II",	ata antar this in the h	ov after vous	niddle name	
	nitials in your name, use then ddle name, enter "NMN"	n and state (IO) * If yo	u are a "JK., "SK", "II",	etc., enter this in the t	ox after your if	nddie Hailie	
ast Name	ddie name, enter 141414	First Name		Middle Name		Jr., II, e	tc.
Iaiden Name st your maiden na Maiden Name	Used me and the "To and From" d	ates of when it was used			M	Ionth/Year Month To	/Year
information College/Uni Month/Ye #1 To	s highest degree obtained below for those degrees b versity/Military College. ar Code	eyond the 7 year period, 1  Name of School	the position for which	this investigation is	s conducted. "2" in the Co	Month/Yea	represents
Street Address a	and City (County) of Scho	ol			State	Zip Code	
Month/Year	Code	Name of School		Degree/Diplom	a/Other	Month/Yea	r Awarded
#2 To Street Address a	and City (County) of Scho	ol		<u> </u>	State	Zip Code	
Appointee/					Date:		-

## OPM AGENCY USE FORM INSTRUCTIONS

A TYPE OF INVESTIGATION	08B
<b>B</b> EXTRA COVERAGE	3 PRP ONLY (UV/UW), ALL OTHERS LEAVE BLANK
C SENSATIVITY LEVEL	2
<b>D</b> ACCESS	2 For U.S. Citizens or, 0 For Non U.S. Citizen Foreign National Aliens
E NATURE OF ACTION CODE	LEAVE BLANK
F DATE OF ACTION	LEAVE BLANK
<b>G</b> GEOGRAPHIC	LEAVE BLANK
H POSITION CODE	LEAVE BLANK
I POSITION TITLE	Enter: MARINE CORPS ENLISTED or MARINE CORPS OFFICER CANDIDATE
<b>J</b> son	MEPS CODE/OSS CODE (see enclosure 3 FC 032-03)
K OFFICIAL PERSONNEL FOLDER	Enlisted - CHECK THE BLOCK: At SON  Officer - Enter in "Other Address" Block: OFFICER CANDIDATE SCHOOL 2189 ELROD AVENUE QUANTICO VA 22134 ATTN: CSA
L soi	ENTER: NV00
M LOCATION OF	CHECK THE BLOCK: NONE

SECURITY FOLDER

N OPAC-ALC NUMBER ENTER: DOD-MC

O ACCOUNTING DATA AND/ FOR UV/UW ONLY ENTER: PRP MARINE CORPS
OR AGENCY CASE NUMBER

SECURITY FORCES

P REQUESTING OFFICIAL ENTER: NAME & TITLE, SIGNATURE,
TELEPHONE # AND DATE

Complete the additional information on the OPM Agency Use Form:

- -Subject of Investigation (Identifying Information)
- -Education Degree(s) (Not shown on the EPSQ)
- -Have applicant SIGN and Date the Agency Use Form

Attach the AGENCY USE FORM to the SF-86, with SIGNED RELEASE FORMS, and FD-258 (OSS STAFF only) and mail to:

U.S. OFFICE OF PERSONNEL MANAGEMENT FEDERAL INVESTIGATIONS PROCESSING CENTER P.O. BOX 618 BOYERS, PA 16018-0618

## SON'S FOR AGENCY USE FORM BLOCK "J"

### SON's for OSS/OSA/OSO

ERR OSS STAFFS	657G	WRR OSS STAFFS	658G
	SON'S fo	or ENLISTED WORK (MEPS)	
Albany, NY	A01M	Kansas City, MO	B43M
Baltimore, MD	A02M	Little Rock, AR	B44M
Boston, MA	A03M	Memphis, TN	B45M
Buffalo, NY	A04M	New Orleans, LA	B46M
New York, NY	A05M	Oklahoma City, OK	C47M
Harrisburg, PA	A06M	San Antonio, TX	C48M
<b>3</b> ,		Shreveport, LA	B49M
Fort Dix	A10M	Lansing, MI	B50M
Pittsburgh, PA	A11M	Chicago, IL	B54M
Portland, ME	A12M	Cleveland, OH	B56M
Springfield, MA	A13M	Columbus, OH	B57M
Syracuse, NY	A14M	Des Moines, IA	B58M
Tampa, FL	A17M	Detroit, MI	B59M
Atlanta, GA	A20M	Fargo, ND	B60M
Beckley, WV	A21M	Indianapolis, IN	B61M
Charlotte, NC	A22M	Milwaukee, WI	B62M
Miami, FL	A23M	Minneapolis, MN	B63M
Ft. Jackson, SC	A24M	Omaha, NE	B64M
Jacksonville, FL	A25M	Sioux Falls, SD	B65M
Knoxville, TN	B26M	St. Louis, MO	B66M
Louisville, KY	B27M	San Diego, CA	C67M
Montgomery, AL	B28M	Boise, ID	C70M
Nashville, TN	B29M	Butte, MT	C71M
San Juan, PR	A30M	Sacramento	C72M
Raleigh, NC	A31M	Honolulu, HI	C73M
Richmond, VA	A32M	Los Angeles, CA	C74M
Albuquerque, NM	C36M	San Jose, CA	C75M
Amarillo, TX	C37M	Phoenix, AZ	C76M
Dallas, TX	C38M	Portland, OR	C77M
Denver, CO	C39M	Salt Lake City, UT	C78M
El Paso, TX	C40M	Seattle, WA	C79M
Houston, TX	C41M	Spokane, WA	C80M
Jackson, MS	B42M	Anchorage, AK	C81M

### AGENCY USE FORM TEMPLATE (MARINE CORPS ENLISTED U.S. CITIZEN NON PRP PROGRAM)

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: The EPSQ is for internal DOD use only, and is pending OMB approval.

						Age	ency l	Jse Inf	ormation	(SF-	86)			
A Type of Investigation		08		<b>B</b> Extra			ensitivit		D Access	2	E Nature of Action Code		F Date of Action	Month Day Year
G Geographic Location					H Po Code				I Position Title	MA	ARINE CO	RPS	ENLISTE	D
J SON	Se End 3	330		cation onnel F		cial	None  NPRC X At SON						Zip Code	
<b>L</b> SOI	NV	00		ocation onnel F			X	None At SOI NPI	Other Add	ress				Zip Code
N OPAC-ALC Number			DC	D-M	IC		Accounti se Numi		and/or Agency					
P Requesting Official			me and	d Title	ı Mı	DOF			ature HN M. D(	γ <sub>F</sub>		ephone N 8-987-6		Date: 6 OCT 03
FULL NAME * If you have o	only init	ials i	n your ame, ei	name,	use th	em and	state (IO	)				enter this	s in the box a	fter your middle
* If you have t Last Name	no midd	lle na	ame, ei	nter "NI	MN"		st Name		•		Middle Nam			Jr., II, etc.
Maiden Nam List your maid Maiden Name	len nan		nd the '	"To and	I From	" dates o	of when i	t was use	ed.			Mo	onth/Year	Month/Yea
education in which repres	format	tion '	for the	e obtair ose de niversit	ned a grees ty/Mili	nd degr beyond tary Co	ees per	tinent to ear peri	the position t	for whon yo	the EPSC nich this investour EPSQ. U	stigation se the n	is conducte umber "2" ir Month/Yea	d. Please list the Code block
Month/Year #1 T	0			Cod	ae	Name	or Scho	101			egice/Diplome			
Street Addres		City (	County	y) of Sc	chool	<u> </u>					:	State		Zip Code
Month/Year				Co	de	Name	of Scho	ool		C	egree/Diploma	a/Other	Month/Yea	r of Award
#2 T Street Addres	Ss and	City (	(Count	y) of So	chool							State		Zip Code
Appointee/Ap	oplicant	Siar	nature:	****						<u>.</u>		Date:		

# AGENCY USE FORM TEMPLATE (MARINE CORPS ENLISTED U.S. CITIZEN PRP PROGRAM UV/UW)

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: The EPSQ is for internal DOD use only, and is pending OMB approval.

A Type of Investigation  G Geographic Location  J SON Section 3  L SOI NV0	P	B Extra Covers	H Pos Code	C So Leve	ensitivity		D Access  I Position Title	2	E Nature of Action		F Date	Month Day
J SON See Enc 3	P		Code of Offici						Code		of Action	Year
L SOI NVO	P			al	1		11.00	MA	RINE CO	RPS E	NLISTE	D
NVO					X	None  NPRC  At SON	Other Addre	ess				Zip Code
		<b>V</b> Location	of Offic	ial	X	None At SOI	Other Addre	ess				Zip Code
N OPAC-ALC	AC-ALC						nd/or Agency		RP" Mar:			y Force
Number	1	DOD-N	<b>NC</b>	Cas	e Numb	er		" <b>F</b> .				
P Requesting	Name	and Title				Signa	ture		Tele	ephone No	umber	Date:
Omeiai	MSGT JOHN M. DO					DE JOHN M. DOI				E 888-987-6543		
* If you have only initi * If you have no midd! Last Name	als in y le name	our name, e, enter "N	use the		tate (IO t Name		* If you are a name	"JR", '	'SR", "II", etc.,  Middle Nam		in the box at	fter your middle
Maiden Name Used												Jr., II, etc.
	d					,						Jr., II, etc.
List your maiden nam Maiden Name	d ne and t	the "To an	d From"	dates or	when it	t was used	ı.			Mon	nth/Year	Month/Ye
OPM verifies highe education informati which represents C	est deg	gree obtain those dee/Univers	Educined an	cation d degre beyond ary Coll	<b>Degr</b> es per the 7 y	ee(s) (I tinent to t ear perio	Not shown	or whi on yo	the EPSQ ich this inves ur EPSQ. Us egree/Diploma/	) tigation is se the nu	To s conducted	Month/Ye
List your maiden nam Maiden Name  OPM verifies highe education informati which represents C	est deg ion for College	gree obtai those de e/Univers	Educined an egrees I ity/Milita	cation d degre beyond ary Coll	Degrees per the 7 years.	ee(s) (I tinent to t ear perio	Not shown	or whi on yo	ich this inves ur EPSQ. Us	) tigation is se the nu	s conducted mber "2" in Month/Year	Month/Ye
OPM verifies highe education informati which represents C Month/Year	est deg ion for College	gree obtainthose de de/Univers	Educined an egrees I ity/Milita	ation d degre beyond ary Coll Name	Degrees per the 7 years.	ee(s) (I tinent to t ear perio	Not shown	or whon yo	ich this inves ur EPSQ. Us	igation is the the nu Other	s conducted mber "2" in Month/Year	Month/Ye

# AGENCY USE FORM TEMPLATE (MARINE CORPS ENLISTED NON U.S. CITIZEN)

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: The EPSQ is for internal DOD use only, and is pending OMB approval. Agency Use Information (SF-86) Month Day F Date E Nature C Sensitivity Year **B** Extra A Type of 2 of **D** Access of Action 08B Level Investigation Coverage Action Code I Position **H** Position **G** Geographic MARINE CORPS ENLISTED Code Title Location Zip Code Other Address K Location of Official J SON See None Personnel Folder Encl **NPRC** 3 At SON X Zip Code Other Address None M Location of Official L SOI At SOI NV00 Personnel Folder NPI O Accounting Data and/or Agency N OPAC-ALC Case Number Number DOD-MC Signature Telephone Number Date: Name and Title P Requesting Official 888-987-6543 6 OCT 03 MSGT JOHN M. DOE ЈОНЛ М. ДОЕ **MEPS LNCO** The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided. Subject of Investigation (Identifying Information) **FULL NAME** \* If you are a "JR", "SR", "II", etc., enter this in the box after your middle \* If you have only initials in your name, use them and state (IO) \* If you have no middle name, enter "NMN" Middle Name Jr., II, etc. First Name Last Name Maiden Name Used List your maiden name and the "To and From" dates of when it was used. Month/Year Month/Year Maiden Name Τo Education Degree(s) (Not shown on the EPSQ) OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College. Degree/Diploma/Other Month/Year of Award Name of School Code Month/Year TO Zip Code State Street Address and City (County) of School Month/Year of Award Degree/Diploma/Other Code Name of School Month/Year Zip Code State Street Address and City (County) of School

Appointee/Applicant Signature:

Date:

# AGENCY USE FORM TEMPLATE (MARINE CORPS OFFICER)

This form is to be attached to each Electronic Personnel Security Questionnaire (EPSQ) submitted to OPM for investigation. Note: The EPSQ is for internal DOD use only, and is pending OMB approval. **Agency Use Information (SF-86)** Month Day E Nature F Date C Sensitivity A Type of **B** Extra Year 2 D Access of Action of 08B Investigation Coverage Level Action Code I Position **H** Position **G** Geographic MARINE CORPS OFFICER CANDIDATE Title Location Code Zip Code Other Address OFFICER CANDIDATE SCHOOL None J SON See K Location of Official 2189 ELROD AVENUE 22134 Personnel Folder Encl NPRC **QUANTICO VA** 3 ATTN: CSA At SON Other Address Zip Code None M Location of Official L SOI At SOI NV<sub>0</sub>0 Personnel Folder NPI O Accounting Data and/or Agency N OPAC-ALC Case Number Number DOD-MC Signature Telephone Number Date: Name and Title P Requesting Official 888-987-6543 CAPT JOHN M. DOE OSO IOHN M. DOE 6 OCT 03 The following information is requested as part of your EPSQ for an investigative request being sent to OPM. This information will be used to obtain records in order to determine your suitability for employment. Please sign and date this sheet certifying the accuracy of the information you provided. **Subject of Investigation (Identifying Information)** \* If you are a "JR", "SR", "II", etc., enter this in the box after your middle \* If you have only initials in your name, use them and state (IO) \* If you have no middle name, enter "NMN" Jr., II, etc. Middle Name First Name Last Name Maiden Name Used List your maiden name and the "To and From" dates of when it was used. Month/Year Month/Year Maiden Name То Education Degree(s) (Not shown on the EPSQ) OPM verifies highest degree obtained and degrees pertinent to the position for which this investigation is conducted. Please list education information for those degrees beyond the 7 year period, not listed on your EPSQ. Use the number "2" in the Code block which represents College/University/Military College. Degree/Diploma/Other Month/Year of Award Month/Year Code Name of School Street Address and City (County) of School State Zip Code Month/Year of Award Degree/Diploma/Other Name of School Month/Year Code TO State Zip Code Street Address and City (County) of School

Appointee/Applicant Signature:

Date: